

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN. 20 1942

Registration District No. 792

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4478

43116

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Nelson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community 8 Years.  
years, months or days

3. (a) PRINT FULL NAME

Thomas Wm. Caton.

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Male

5. Color or  
race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Tibetha Ann Caton.

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased April 23"  
(Month) (Day) (Year)

1850  
(Year)

8. AGE: Years Months Days If less than one day  
91 6 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business \_\_\_\_\_

12. Name Thomas Caton.

13. Birthplace Virginia.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Laurie.

15. Birthplace Virginia.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Caton.

(b) Address Mt. Leonard, Missouri.

17. (a) Burial (b) Date thereof Nov. 4"/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Goodman  
(b) Address Boonville, Mo.

19. (a) 12-5-1941 (b) C. L. Lawless  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Nelson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3"  
year 1941 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from June  
11, 1937 to Nov. 2, 1941;  
that I last saw him alive on Oct. 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Malignant Duration 3 mos.

Due to Stricture pylorus 11 yrs

Due to Old duodenal ulcer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓ 118.3  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Marshall (M. D. or other) D  
Address \_\_\_\_\_ Date signed 11-5-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.